

EMPLOYMENT APPLICATION
City of Gahanna
Civil Service Commission
Return to: Human Resources Department
200 South Hamilton Road
Gahanna, OH 43230

Position Applied For _____

Section I – PERSONAL INFORMATION – All information must be printed legibly or typed or the application may be subject to rejection.

1. Last Name _____ First Name _____ Middle Initial _____
2. Street Address _____
3. City _____ State _____ Zip Code _____
4. Phone (Include Area Code) _____ County _____
5. Social Security Number _____
6. Military Credit Claim ____ Applicant must submit DD-214 or Honorable Discharge to receive credit.

AVAILABILITY INFORMATION

- | | Yes | No |
|--|------------|-----------|
| 7. Are you interested in full-time permanent work? | _____ | _____ |
| 8. Are you interested in PART-TIME work? | _____ | _____ |
| 9. Are you interested in TEMPORARY work? | _____ | _____ |
| 10. Are you interested in SUMMER work only? | _____ | _____ |

For Office Use Only:
Examination Title: _____

Exam Score and Rank: _____

11. Date available to begin work: _____

- | | Yes | No |
|--|------------|-----------|
| 12. Do you have a valid Ohio Driver's License, or are you willing to obtain one? | _____ | _____ |
| 13. Are you currently authorized to work for all employers in the United States? | _____ | _____ |
| 14. Are you currently authorized to work only for your current employer? | _____ | _____ |
| 15. Are you under 18 years of age? | _____ | _____ |

WITHIN THE LAST FIVE YEARS

16. Have you ever been convicted of any felony? _____
17. Have you had your Driver's License suspended or revoked? _____
18. If you have answered "YES" to question 16 or 17, please explain fully below, indicating by number to which question you are responding. _____

Section II – EXPERIENCE

19. In the areas on the next page, please indicate your past work experience. Beginning with your most recent employment, list the previous jobs which you have held, including a brief description of the job duties performed. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Major volunteer work may be included as employment; be sure to indicate the volunteer nature and supply other necessary information.

PRESENT OR MOST RECENT JOB:

Employer's name _____

Address _____ Phone Number: _____

Length of employment: FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Position (job title): _____ Salary: beginning _____ ending _____

Reason for leaving _____

Duties Performed

NEXT MOST RECENT JOB:

Employer's name _____

Address _____ Phone Number: _____

Length of employment: FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Position (job title): _____ Salary: beginning _____ ending _____

Reason for leaving _____

Duties Performed

Employer's name _____

Address _____ Phone Number: _____

Length of employment: FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Position (job title): _____ Salary: beginning _____ ending _____

Reason for leaving _____

Duties Performed

PLEASE LIST OTHER JOB RELATED EXPERIENCES:

Section III – EDUCATION AND TRAINING

Circle Highest Year Completed: **High School** 9 10 11 12 **College** 1 2 3 4 **Graduate School** 1 2 3

Name and Address of High School and College	Graduated? Yes or No	Degree	Major Subjects
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Other Training

Section IV - MISCELLANEOUS**20. References**

In the area below, please list the names and addresses of three individuals, other than relatives, who we may contact for a **PROFESSIONAL** recommendation.

Name	Address	City	State	Zip Code	Phone Number
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21. Previous Addresses

In the area below, please list your three pervious addresses as well as how long you lived there.

Address	City	State	Zip Code	Years at Address
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21. APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current only for 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. I affirm or swear that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding a person who has attended me or who may hereafter attend me, or any previous employer listed from disclosing any knowledge of information which he or she thereby acquired relevant to my employment and I hereby consent that he or she may disclose such knowledge or information to the City of Gahanna.

****This application must be notarized for all Civil Service positions****

Signature of Applicant _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20____ at _____, County of _____ and State of _____.

Signature of Officer _____

Official Title _____

Official Seal of Notary

The City of Gahanna is an Equal Opportunity Employer.

Personal Inquiry Waiver

I respectfully request and authorize you to furnish the **City of Gahanna** any and all information that you may have concerning my work, reputation, financial or credit status and educational records. This may include any and all medical records even though confidential or privileged in nature.

This information is to be used in determining my qualifications and fitness for the position I am seeking with the City of Gahanna, Ohio.

I hereby release you and your organization and others from any liability as a result of furnishing the above requested information. This form may be retained for your files.

Applicant's Signature: _____

Date: _____

Witness: _____

City of Gahanna

Fair Credit Reporting Act Notification

As part of the City of Gahanna's procedures for evaluating employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report may be obtained by the City. A consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as others with whom I am acquainted. I understand that I have the right to request information from the City regarding the nature and scope of such an investigation. I acknowledge that I have received a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act". I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that the City will not obtain information from a Consumer Reporting Agency without my written permission. I hereby authorize the City to request consumer reports or investigative consumer reports to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the City, its employees, officers, agents and affiliates from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

ACKNOWLEDGEMENT

Signature of Applicant or Employee _____

Name of Applicant or Employee (Printed) _____

Date _____

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records.) Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment, or to take another adverse action against you, -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your files that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051